

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. 10/019864		FILING DATE		
							APPLICANT(S)				
CLAIMS											
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*		*		*	
IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/							51			/
2	/							52			/
3	/							53			/
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45	/							95			
46	/							96			
47	/							97			
48	/							98			
49	/							99			
50	/							100			
TOTAL IND.	1	1	1	1	1	1	1	TOTAL IND.			
TOTAL DEP.	32	27	27	27	27	27	27	TOTAL DEP.			
TOTAL CLAIMS	33	28	28	28	28	28	28	TOTAL CLAIMS			

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

FORM PTO-1350 (REV. 3-78)

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